

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE					
							APPLICANT(S)							
							CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	/						51	/						
2							52	/						
3							53	/						
4							54	/						
5	i						55	/						
6	x						56							
7	x	/					57							
8	i						58							
9	/	x					59	/						
10	/						60	/						
11	/						61	/						
12	/						62	/						
13	/						63	/						
14	/						64	/						
15	/						65	/						
16	/						66	/						
17	/						67	/						
18	/						68	/						
19	/						69	/						
20	/						70	/						
21	/						71	/						
22	/						72	/						
23	/						73	/						
24	/						74	/						
25	/						75	/						
26	/						76	/						
27	/						77	/						
28	/						78	/						
29	/						79	/						
30	/						80	/						
31	/						81	/						
32	/						82	/						
33	/						83	/						
34	/						84	/						
35	/						85	/						
36	/						86	/						
37	/						87	/						
38	/						88	/						
39	/						89	/						
40	/						90	/						
41	/						91	/						
42	/						92	/						
43	/						93	/						
44	i						94	/						
45	/						95							
46	/						96							
47	/						97							
48	/						98							
49	/						99							
50	/						100							
TOTAL IND.	11						TOTAL IND.							
TOTAL DEP.	32	↓	↓	↓			TOTAL DEP.							
TOTAL CLAIMS	43						TOTAL CLAIMS							